PTO/SB/17 (10-07) Approved for use through 06/30/2010. OMB 0651-0032

Under the Paperwork Reduction Act of	1995, no person are required to	respond to a collection	n of information unle	ss it displays	a valid OMB c	ontrol number.	
Effective on 12/08/	Complete if Known						
Fees pursuant to the Consolidated Approp	Application Number 09/910,662-Conf. #2628						
FEE TRANS	MITTAL	Filing Date	Filing Date July 20, 2001				
		First Named Inv	entor Ziya A	Ziya Aral			
For FY 20	708	Examiner Name	Name N. Tran				
Applicant claims small entity stat	Art Unit	2151	2151				
TOTAL AMOUNT OF PAYMENT	(\$) 1,030.00	Attorney Docket	No. DAT-0	DAT-0002			
METHOD OF PAYMENT (check	all that apply)						
Check Credit Card	Money Order No	one Other (please identify):				
		· Ш .`	· · · · -	lee Siebee	0 0		
X Deposit Account Deposit Account		·	Account Name: Rac		ian & Grau	er PLLC	
For the above-identified depe	osit account, the Director i	s hereby authorize	ed to: (check all ti	hat apply)			
x Charge fee(s) indicated	woled t	Charge	e fee(s) indicated	l below, ex	cept for the	filing fee	
. Charge any additional	fee(s) or underpayments of	of X Credit	any overpaymen	its.			
fee(s) under 37 CFR 1.							
FEE CALCULATION							
1. BASIC FILING, SEARCH, AND E			·-·				
FI		ARCH FEES	EXAMINATIO				
Application Type Fee (\$	Small Entity Fee (\$) Fee (\$	Small Entity \$) Fee (\$)		all Entity ee (\$)	Fees Pa	iid <u>(</u> \$)	
Utility 310			210	105			
Design 210	105 100	50	130	65			
Plant 210	105 310	155	160	80			
Reissue 310	155 510	. 255	620	310			
Provisional 210	105 0	0	0	0			
2. EXCESS CLAIM FEES	•				<u>s</u>	mall Entity	
Fee Description					Fee (\$)	Fee (\$)	
Each claim over 20 (including Reiss	•				50	25	
Each independent claim over 3 (incl	uding Reissues)	•			200	100	
Multiple dependent claims		•			360	180	
Total Claims Extra Claims	Fee (\$) Fee	Paid (\$)	<u>Multiple</u>	Depende	nt Claims	į	
	x =		Fee (\$)	<u>F</u>	ee Paid (\$)		
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims Extra Claims		Paid (\$)			-		
	x =			•			
HP = highest number of independent claims	, paid for, it greater than 5.						

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)		Fee Paid (\$)
100	=) = (round up to a whole number) x	<u>.</u>	= _	
4. OTHER FEE(S)					Fees Paid (\$)
Non-English Speci	fication, \$130 fee	no small entity discount)			
Other (e.g., late filing surcharge): 1403 Request for oral hearing					1,030.00
		<i></i>			

SUBMITTED BY		A				
Signature	-10		Registration No. (Attorney/Agent)	40,290	Telephone	(202) 955-3750
Name (Print/Type)	Christopher M. Tob	in)		Date	May 1, 2008
		•				